

UNITED STATES DISTRICT COURT

for the

District of _____

Division _____

MARSHA BIENAIMÉ

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

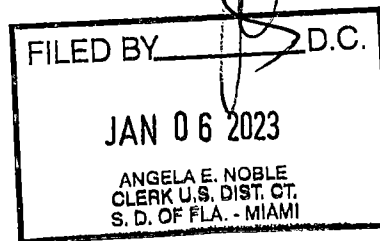
MIAMI DADE CORRECTIONS
AND REHABILITATION DEPARTMENT

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No. _____

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

MARSHA BIENAIMÉ

Street Address

2345 SUPERIOR STREET

City and County

OPALOCKA FL (DADE COUNTY)

State and Zip Code

FLORIDA 33054

Telephone Number

786-668-9969

E-mail Address

LOVELY B 33 @ yahoo.com/
MARSHA WONDERFUL MADE @ gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

Defendant No. 1

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Rehabilitation
MIAMI DADE CORRECTIONS & DEPARTMENT
OF EMPLOYER
2525 NW 62nd Street (North Dade Justice
Center)
MIAMI DADE COUNTY
FLORIDA
786-263-6000
MDCR@MIAMI.DADE.GOV

Defendant No. 2

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Defendant No. 3

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Defendant No. 4

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

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C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name

Street Address

City and County

State and Zip Code

Telephone Number

REHABILITATION
 MIAMI DADE COUNTY CORRECTIONS & DEPARTMENT
 2535 NW 62nd STREET / NORTH RABE JUSTICE CENTRE
 MIAMI (MIAMI DADE COUNTY)
 FLORIDA 33147
 786-263-6000

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to (check all that apply):



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Other federal law (specify the federal law):



Relevant state law (specify, if known):



Relevant city or county law (specify, if known):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (check all that apply):

- ☐ Failure to hire me.
☐ Termination of my employment.
☐ Failure to promote me.
☒ Failure to accommodate my disability.
☐ Unequal terms and conditions of my employment.
☒ Retaliation.
☐ Other acts (specify): _____

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

9/24/2019 / 6-6-2020 / 3-30-2021 / 5-21-2021

C. I believe that defendant(s) (check one):

- ☒ is/are still committing these acts against me.
☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check all that apply and explain):

- ☐ race _____
☐ color _____
☐ gender/sex _____
☒ religion STATING I WAS EXPERIENCING SOME SORT OF PSYCHOSIS
☐ national origin _____
☐ age (year of birth) _____ (only when asserting a claim of age discrimination.)
☒ disability or perceived disability (specify disability)
WHEN I ASKED FOR FAMILY MEDICAL LEAVE BASED OFF OF THE
FITNESS FOR DUTY RESULTS IT WAS DENIED, IN PERSON & VIA EMAIL.

E. The facts of my case are as follows. Attach additional pages if needed.

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I DID NOT HAVE A DISABILITY. THIS EMPLOYER SENT ME TO A FITNESS FOR DUTY EVALUATION ONLY TO DISCRIMINATE AGAINST MY RELIGION, AND HAD IT LABELED AS A DISABILITY. (DOCTOR'S NOTES, MEDICAL INFORMATION ARE ATTACHED) WHEN I ASKED FOR FAMILY MEDICAL LEAVE BASE UPON THE FITNESS FOR DUTY RESULTS, THAT I HAVE A MEDICAL CONDITION, I WAS DENIED FMLA BY THIS EMPLOYER IN PERSON & VIA EMAIL.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

JUNE 11, 2022

- B. The Equal Employment Opportunity Commission (check one):

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on (date) NOVEMBER 7, 2022

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

☐

60 days or more have elapsed.

☐

less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I WOULD LIKE RELIEF FOR THE PHYSICAL STRAIN AND HEALTH PROBLEMS THIS HAS CAUSED, ME AND MY TODDLER FOR 2 1/2 YEARS. - MY MENTAL HEALTH. I AM EXTREMELY TRAUMATIZED, EXTREMELY. - MY BLOOD PRESSURE HAS BEEN AFFECTED, OVERALL HEALTH. - MY TODDLER WAS AFFECTED BY THE STRESS LEVEL THIS BROUGHT ME - THEY HAVE BEEN STALKING ME ON SOCIAL MEDIA STILL DISCRIMINATING. I AM SEEKING \$10,000,000 - TEN MILLION FOR ALL THE DAMAGES CAUSED BY THIS.

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

THIS EMPLOYER TRIED TO AVOID THIS LAWSUIT BY STALKING ME SEVERELY. I HAVE A RECORDING OF THE MANAGER AT JACKSON BEHAVIOR HEALTH (WHERE THIS EMPLOYER WAS SENDING EMPLOYEES FOR THE FITNESS FOR DUTY EVALUATION) THE MANAGER STATED TO ME ON RECORDING THAT I HAD SOMEONE SHOWING UP TO MY APPOINTMENTS STALKING ME, AND SHE HAD TO ASK HIM TO LEAVE ACCORDING TO THE HOSPITAL/PATIENTS RIGHTS POLICY.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: January 6, 2023

Signature of Plaintiff

Printed Name of Plaintiff

Marsha B. Brien-Aime
MARSHA BRIEN-AIME

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address